# JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES



# **Crisis Solutions Initiative Crisis Funds Allocation Plan**

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# **Well-balanced System**



**Emergency response and hospital services:** 

**EDs, PRTF, Community & State Hospitals** 

"Urgent care" response services: BH Urgent Care Centers, Mobile Crisis, **Facility-based Crisis Units** 

Intensive out-of-home residential services: therapeutic foster care, MH group homes

**Enhanced outpatient services:** Intensive in-home, SA comprehensive outpatient. Assertive community treatment teams

**Basic outpatient services:** Med management, individual, group, family counseling in integrated or specialty practices

Access services: Scheduled or same day access centers

Prevention and early intervention supports: General healthcare, Recovery Centers & Peer Respite Centers

Consultation, education, and outreach: Support for community partners such as MH First Aid & skills training for group home workers

Local supports: families, jobs, faith, charities, mentoring programs, recreational programs, shelters, AA/NA, volunteer hotlines

#### **Available Funds**



#### **Combination of funding streams**

<ul> <li>New state appropriation</li> </ul>	\$2,200,000
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\$8,295,833

### **Ten Projects**



- 1. MH First Aid
- 2. Group Home Employee Skills Training
- 3. Veterans Crisis Line
- 4. Collegiate Wellness
- 5. Addiction Recovery Centers
- 6. Innovative Technologies
- 7. Community Paramedic Mobile Crisis
- 8. Critical Time Intervention
- 9. Peer Operated Hospital Diversion
- 10. BH Urgent Care & Facility-Based Crisis



#### Planning for 18-month commitment for all new service projects

1 MH First Aid

\$500K Instructor training for adult & youth programs

**Group Home Employee Skills Training (GHEST)** 

\$65K

- 3-day workshops for .5600A group home
- Reduce law enforcement transports and ED visits

Veterans Crisis Line
Call center for veterans and their families

\$250K



**4** \$750K

**Collegiate Wellness** 

6 collegiate wellness and recovery sites

5 \$335K

**Addiction Recovery Centers** 

Peer- and volunteer-supported community recovery centers

6

\$82K

**Innovative Technologies** 

Support crisis prevention strategies

7

**Community Paramedic Mobile Crisis** 

\$115K

- Start-up and support partnerships that use paramedics to divert unnecessary ED visits
- Partners may apply for funds





### **Critical Time Intervention (CTI)**

- 4 pilot sites to prevent crisis relapse for individuals exiting institutions
- 2 for proposals focused on the DOJ Adult Care Home population
- 2 for proposals which may also support jail, hospital, homeless or other high risk individuals



Peer Operated Hospital Diversion

2 pilot sites of 4-6 beds each



**10** \$2.2M

BH Urgent Care & Facility-based Crisis SECTION 12F.5. (b) From funds appropriated ... the Division shall use ... \$2,200,000 in recurring funds to:

- Increase co-located or operationally linked behavioral health urgent care centers and facility-based crisis centers
- Increase facility-based crisis centers ... for the custody and treatment of involuntary clients ... Department shall give priority to areas of the State experiencing a shortage of these types of facilities
- Provide reimbursement for services provided by facilitybased crisis centers
- Establish facility-based crisis centers for children and adolescents

# What is a BH Urgent Care Center?



- Outpatient clinic fully equipped to provide walk-in crisis assessments
- May initiate crisis intervention services and/or med management
- Designated site to receive consumers who need first examination in the Involuntary Commitment (IVC) process
  - Facility is secure—with facility design elements and/or staffing components
  - Program manages safety and custody requirements of IVC consumer
- Manages bed-finding process for consumers who require FBC, detox or inpatient care

# What is a BH Urgent Care Center?



# Functions as an alternative to a hospital emergency department for BH Crisis Intervention

- Offers specialty service with MH/SA trained professionals for those consumers who do not have medically complicated needs
- Reduces Emergency Department volume
- Reduces barriers to admission to lower levels of care such as Facility-Based Crisis units for MH crisis stabilization and detox
- Often allows for quicker law enforcement turn around times in the Involuntary Commitment process

# What is a Facility-Based Crisis Unit?



# Functions as an alternative to inpatient psychiatric hospitalization for some consumers

- Short-term (3–7 days) community-based residential
- Offers crisis stabilization and/or detoxification
- Can accept consumers in need of Involuntary Commitment
  - Reduces need for lengthy law enforcement transports
- More efficient connections to ongoing outpatient care
- Available now for adult consumers 22 units statewide
- DMA & DMHDDSAS in the process of promulgating clinical policy so child and adolescent units may be developed

#### **BHUC & FBC Funds Allocation Plan**



DMH/DD/SAS addition of MH & SA Federal Block Grant funds

\$2,200,000

\$<u>1,793,833</u>

\$3,993,833

Fund mix allows for combination of capital improvements, service and other operating dollars in program budget proposals



# **Questions, Comments, Discussion**